

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/588324

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3		2		/		
4		0		/		
5	/		/			
6	/		/			
7		2		/		
8		0		/		
9	/		/			
10	/		/			
11		2		/		
12		2		/		
13	/		/			
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16	/		/			
17		1		/		
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TOTAL IND.	10	↓	10	↓		↓
TOTAL DEP.	11	←	7	←		←
TOTAL CLAIMS	21		17			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						